

**REMARKS**

This Amendment and Response to Non-Final Office Action is being submitted in response to the non-final Office Action mailed April 7, 2006. Claims 1-24 are pending in the Application. Claims 1-3, 5-8, 10-22, and 24 stand rejected under 35 U.S.C. 102(e) as being anticipated by Lee et al. (U.S. Pat. No. 6,656,120). Claims 4, 9, and 23 stand rejected under 35 U.S.C. 103(a) as being unpatentable over Lee et al. (U.S. Pat. No. 6,656,120) in view of McCabe et al. (U.S. Pat. No. 6,068,192).

In response to these rejections, Claims 1, 10, and 18 have been amended to further clarify the subject matter which Applicants regard as the invention. These amendments are fully supported in the Specification, Drawings, and Claims of the Application and no new matter has been added. Based upon the amendments, reconsideration of the Application is respectfully requested, without further search, in view of the following remarks.

**Rejection of Claims 1-3, 5-8, 10-22, and 24 Under 35 U.S.C. 102(e) – Lee et al.:**

Claims 1-3, 5-8, 10-22, and 24 stand rejected under 35 U.S.C. 102(e) as being anticipated by Lee et al. (U.S. Pat. No. 6,656,120).

Lee et al. disclose the use of health cards having patient information stored thereon. Patient information is extracted from the health card, and is compared with feature parameters in a stored database. Based on the comparison of the patient information to the stored database of information on other patients, image parameters corresponding to the feature parameters are recalled from the database. Image parameters are sent to an image-adjusting unit, which automatically adjusts the image settings of an associated ultrasound unit.

Lee et al. do not disclose the use of previous protocols used on the current patient to determine the optimal data acquisition protocol. Basing image acquisition at

least in part on specific protocols used on the current patient eliminates much of the variances that are seen between various patients. The Applicants have amended claims 1, 10, and 18 to read:

1. (currently amended): A patient-centric data acquisition protocol selection system, comprising:

a programmable identification tag storing predetermined information about a patient, wherein the predetermined information is selectively retrieved therefrom, said predetermined information including at least one prior acquisition protocol;

a medical imaging system in communication with the programmable identification tag;

programming associated with the medical imaging system for automatically selecting an optimal data acquisition protocol; and

a database storing reference information about other patients and data acquisition protocols associated therewith;

wherein the medical imaging system selectively reads the predetermined information from the programmable identification tag and then the programming automatically selects the optimal data acquisition protocol based on the predetermined information about the patient, including said at least one prior acquisition protocol that is stored in the programmable identification tag and the reference information about the other patients and the data acquisition protocols associated therewith that is stored in the database.

10. (currently amended): A patient-centric data acquisition protocol selection method, comprising the steps of:

providing an identification tag to a patient, the identification tag storing predetermined information about the patient therein and allowing the stored predetermined information about the patient to be retrieved therefrom, said predetermined information including at least one prior acquisition protocol;

selectively transferring the predetermined information about the patient from the identification tag to a medical imaging system;

automatically selecting an optimal data acquisition protocol based on the predetermined information about the patient, including said at least one prior acquisition protocol that is transferred to the medical imaging system from the identification tag and reference information about other patients and data acquisition protocols associated therewith transferred to the medical imaging system from a database;

performing a medical imaging scan of the patient utilizing the optimal data acquisition protocol; and

generating an image of an area of interest of the patient from data acquired during the medical imaging scan.

18. (currently amended): A medical imaging system, comprising:  
    an identification tag associated therewith, comprising:  
        means for storing predetermined information therein, said predetermined information including at least one prior acquisition protocol;  
        means for selectively transferring the predetermined information, including said at least one prior acquisition protocol to the medical imaging system upon the occurrence of a predetermined event;  
        means for selectively transferring reference information from a database to the medical imaging system; and  
        means for storing new information in the patient-centric identification tag; and  
    programming associated with the medical imaging system for automatically selecting an optimal data acquisition protocol based on the predetermined information, including said at least one prior acquisition protocol that is transferred from the patient-centric identification tag to the medical imaging system and the reference information that is transferred from the database to the medical imaging system.

Support for the current amendment can be found in paragraph 24 of the application as filed.

As stated in the Applicants' previous response, the system of the present invention is intelligent and is capable of processing information that it receives from a patient identification tag, among other sources, to formulate an image acquisition protocol, automatically and independent of any operator intervention.

Because independent Claims 1, 10, and 18 recite elements/limitations not disclosed, taught, or suggested by Lee et al., or any other reference cited by Examiner, Applicants submit that the rejection of independent Claims 1, 10, and 18 under 35 U.S.C. 102(e) has now been overcome and respectfully request that this rejection be withdrawn. Likewise, because Claims 2, 3, 5-8, 11-17, 19-22, and 24 are dependent from independent Claims 1, 10, and 18, Applicants submit that the rejection of Claims 2, 3, 5-8, 11-17, 19-22, and 24 under 35 U.S.C. 102(e) has also now been overcome and respectfully request that this rejection be withdrawn.

**Rejection of Claims 1-24 Under 35 U.S.C. 103(a) – Lee et al. and McCabe et al.:**

Claims 4, 9, and 23 stand rejected under 35 U.S.C. 103(a) as being unpatentable over Lee et al. (U.S. Pat. No. 6,656,120) in view of McCabe et al. (U.S. Pat. No. 6,068,192). The Examiner admits that Lee et al. do not teach or suggest that the tag to predetermined systems or individuals restricts access to the identification. However, the Examiner concludes that it would have been obvious to one of ordinary skill in the art at the time the invention was made to “employ well-known access granting schemes to the teachings of Lee et al. in order to protect the privacy of the patient.”

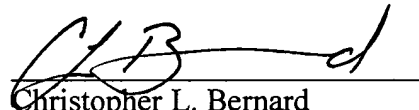
As indicated above, the Applicants have amended independent claims 1, 10, and 18 to recite features not taught by Lee et al. Furthermore, McCabe et al. do not overcome the deficiencies of Lee et al. Applicants submit that the rejection of Claims 24, 9, and 23 under 35 U.S.C. 103(a) has also now been overcome and respectfully request that this rejection be withdrawn.

**CONCLUSION**

Applicants would like to thank Examiner for the attention and consideration accorded the present Application. Should Examiner determine that any further action is necessary to place the Application in condition for allowance, Examiner is encouraged to contact undersigned Counsel at the telephone number, facsimile number, address, or email address provided below. It is not believed that any fees for additional claims, extensions of time, or the like, are required beyond those that may otherwise be indicated in the documents accompanying this paper. However, if such additional fees are required, Examiner is encouraged to notify undersigned Counsel at Examiner's earliest convenience.

Respectfully submitted,

Date: July 3, 2006

  
Christopher L. Bernard  
Registration No.: 48,234  
Brandon G. Williams  
Registration No.: 48,844  
Attorneys for Applicants

**DOUGHERTY | CLEMENTS**  
1901 Roxborough Road, Suite 300  
Charlotte, North Carolina 28211 USA  
Telephone: 704.366.6642  
Facsimile: 704.366.9744  
cbernard@worldpatents.com